

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 8
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 29.45	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539620	
Purpose of Expenditure Inkind Staff Travel		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10077.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee United Steelworkers of America Political Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center			Amount 445.00	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539623	
Purpose of Expenditure InKind Staff		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14065.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	474.45
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

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09 / 20 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee United Steelworkers of America Political Action Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address Political Action Fund Voluntary Ac 5 Gateway Center		Amount 194.42	
City Pittsburgh	State PA	Zip Code 15222	Transaction ID : D539630
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14065.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 9.84	
City Washington	State DC	Zip Code 20006	Transaction ID : D539677
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10077.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	204.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFL-CIO		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 815 - 16th Street, NW		Amount 23.26	
City Washington	State DC	Zip Code 20006	Transaction ID : D539679
Purpose of Expenditure Walk Packets	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14065.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 61.65	
City Washington	State DC	Zip Code 20001	Transaction ID : D539689
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10077.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	84.91
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFT Solidarity 527		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 555 New Jersey Ave. N.W.		Amount 91.75	
City Washington	State DC	Zip Code 20001	Transaction ID : D539693
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14065.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1775 K Street, NW		Amount 142.42	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D539702
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10077.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	234.17
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee UFCW Int'l Union Working Families Advocacy Project		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">18</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 1775 K Street, NW		Amount <table border="1" style="display:inline-table; width:100%">174.36</table>	
City Washington	State DC	Zip Code 20006-1598	Transaction ID : D539703
Purpose of Expenditure InKind Staff	Category/Type <table border="1" style="display:inline-table; width:50px">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">18</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">14065.24</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Michigan State AFL-CIO General Fund		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">18</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Mailing Address 419 Washington Square, S. #200		Amount <table border="1" style="display:inline-table; width:100%">30.23</table>	
City Lansing	State MI	Zip Code 48933	Transaction ID : D539711
Purpose of Expenditure InKind Staff	Category/Type <table border="1" style="display:inline-table; width:50px">001</table>	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">09</table> / <table border="1" style="display:inline-table; margin:0 5px;">18</table> / <table border="1" style="display:inline-table; margin:0 5px;">2014</table>	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: MI	
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; width:150px">14065.24</table>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%">204.59</table>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<table border="1" style="display:inline-table; width:100%"> </table>
(c) TOTAL Independent Expenditures..... ▶	<table border="1" style="display:inline-table; width:100%"> </table>

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00484287 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Michigan State AFL-CIO General Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 419 Washington Square, S. #200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.23</div>	
City Lansing	State MI	Zip Code 48933	Transaction ID : D539714 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate TERRI LYNN LAND		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">10077.94</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Retail, Wholesale and Department Store Union		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>	
Mailing Address 30 E29th St.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">64.32</div>	
City New York	State NY	Zip Code 10016	Transaction ID : D539717 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>
Purpose of Expenditure InKind Staff		Category/ Type <div style="border: 1px solid black; padding: 2px;">001</div>	
Name of Federal Candidate Gary Peters		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">14065.24</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">94.55</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1625 L Street, NW		Amount 455.84	
City Washington	State DC	Zip Code 20036	Transaction ID : D539725
Purpose of Expenditure Inkind Staff Travel	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate Gary Peters		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14065.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2014	
Mailing Address 1625 L Street, NW		Amount 117.10	
City Washington	State DC	Zip Code 20036	Transaction ID : D539726
Purpose of Expenditure InKind Staff	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2014	
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 10077.94		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	572.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">345.61</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D539728 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure Inkind Staff Travel	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div>		
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee AFSCME for Michigan		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>	
Mailing Address 1625 L Street, NW		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.10</div>	
City Washington	State DC	Zip Code 20036	Transaction ID : D539730 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 18 / 2014</div> </div>
Purpose of Expenditure InKind Staff	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		
Name of Federal Candidate Gary Peters		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">462.71</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2332.58</div>

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